FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

	SECTION 4(b), AND/OR	1	DATE BECEIVED		
/	329896 UNIFORM LIMITED OFFERING EXEMP	PTION L	200		
/	Name of Offering (check if this is an amendment and name has changed, and indicate change.)	C. Marketin	RECEIVED		
	SEQUENTIAL BIOFUELS RETAIL LLC and SEQUENTIAL RETAIL STATION #1, LLC	15			
	Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULQE JU	V O .		
	Type of Filing: ✓ New Filing ☐ Amendment		9 2005 B		
	A. BASIC IDENTIFICATION DATA		270		
	1. Enter the information requested about the issuer		SECTION		
	Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	1			
-	SeQuential Biofuels Retail LLC and SeQuential Retail Station #1, LLC				
しー	Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Numb	per (Including Area Code)		
	1900 Millrace Drive, Suite 113, Eugene, OR 97403	(541) 485-7994			
	Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Num	ber (Including Area Code)		
	(if different from Executive Offices)		PROCESSED		
	Brief Description of Business				
			JUN 1 3 2005		
	Retail/commercial biofuel stations				
	Type of Business Organization		THOMSON		
	☐ corporation ☐ limited partnership, already formed ☑ other (p	lease specify):	FINANCIAL		
	business trust limited partnership, to be formed lim	ited liab	ility company		
	Month Year				
	Actual or Estimated Date of Incorporation or Organization: 05 04 Actual V Estim				
	Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for States				
	CN for Canada; FN for other foreign jurisdiction)	OR			

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Promoter Check Box(es) that Apply: ✓ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) SeQuential Biofuels LLC Business or Residence Address (Number and Street, City, State, Zip Code) 8016 North Syracuse, Portland, OR 97203 General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Hill, lan Business or Residence Address (Number and Street, City, State, Zip Code) 1900 Millrace Drive, Suite 113, Eugene, OR 97403 Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner General and/or Director Managing Partner Full Name (Last name first, if individual) Endicott, Tomas Business or Residence Address (Number and Street, City, State, Zip Code) 8016 North Syracuse, Portland, OR 97203 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Keever, Tyson Business or Residence Address (Number and Street, City, State, Zip Code) 8016 North Syracuse, Portland, OR 97203 Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

	, 10 June 19	ka Jack Kales			В. Г.	NFORMATI	ON ABOU	I OFFERI	NG			Jagor, som i gi	المرابع المتعادية	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											Yes	No X		
•	Answer also in Appendix, Column 2, if filing under ULOE.										لسا			
2.											\$_25,000.00			
2											Yes	No		
3. 4.														
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full Name (Last name first, if individual) None														
Bu	siness or	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	Cip Code)							
			1 5	•										
Na	me of Ass	sociated Bi	oker or Dea	aier										
Sta	ites in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers							
	(Check	"All States	s" or check	individual	States)		***************************************		•••••			All States		
	AL IL MT	AK IN NE	IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
Fu	Full Name (Last name first, if individual)													
Bu	siness or	Residence	: Address (N	Number an	d Street, C	ity. State.	Zip Code)							
	Business or Residence Address (Number and Street, City, State, Zip Code)													
Na	me of Ass	sociated Bi	oker or De	aler										
Sta	ites in Wh	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All States	s" or check	individual	States)	***************************************	***************************************	·····			•••••	☐ Al	States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR	
<u></u>			first, if ind											
ru	ii ivanie (Last Hame	mst, mma	ividuai)										
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)							
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
	(Check "All States" or check individual States)													
	AL IL MT	AK IN NE	IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA	
	RI	SC	SD	TN	TX	[UT]	VT	VA	WA	WV	WI	WY	PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, che this box and indicate in the columns below the amounts of the securities offered for exchange a already exchanged.	eck		Amount Already
	Type of Security	Offering Price	e	Sold
	Debt	\$_0.00		\$_0.00
	Equity	\$ 0.00		\$ 0.00
	Common Preferred	€ 0.00		0.00
	Partnership Interests			\$ 0.00
	Other (Specify LLC Membership Interests			\$ 25,000.00
	Total			\$ 25,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	4 <u></u>		φ
2.	Enter the number of accredited and non-accredited investors who have purchased securities in to offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indice the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ate		Aggregate Dollar Amount of Purchases
	Accredited Investors			\$ 25,000.00
	Non-accredited Investors			\$ 0.00
	Total (for filings under Rule 504 only)			\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question	the 1.		
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	•		\$ 0.00
	Regulation A		_	§ 0.00
	Rule 504		_	\$ 0.00
	Total			§ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insu. The information may be given as subject to future contingencies. If the amount of an expenditur not known, furnish an estimate and check the box to the left of the estimate.	the rer.	_	*
	Transfer Agent's Fees			\$0.00
	Printing and Engraving Costs			§ 0.00
	Legal Fees		V	\$ 7,000.00 ·
	Accounting Fees			§ 0.00
	Engineering Fees			§ 0.00
	Sales Commissions (specify finders' fees separately)			\$_0.00
	Other Expenses (identify)			§ 0.00
	Total			\$_7,000.00

	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — oproceeds to the issuer."	Question 4.a. This difference is the "adjusted g	ross	\$	
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate the payments listed must equal the adjusted g	and		
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		[\$_0.00	\$_0.00	
	Purchase of real estate		b \$ 0.00	\$ 50,000.00	
	Purchase, rental or leasing and installation of maci		§ 0.00	_ £ 200,000.00	
	and equipment			193,000.00	
	Acquisition of other businesses (including the value offering that may be used in exchange for the asse issuer pursuant to a merger)	ue of securities involved in this		0.00	
	Repayment of indebtedness			-	
	Working capital			\$ 0.00	
	Other (specify):		\$0.00	- U ³	
				0.00	
	Column Totals			\$ 443,000.00	
	Total Payments Listed (column totals added)				
×		D. FEDERAL SIGNATURE			
sig:	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-account (Print or Type) ial Biofuels Retail LLC	undersigned duly authorized person. If this n	nmission, upon writte		
ent	ial Retail Station #1, LLC	V 2 // V	5/24/2	2005	
	me of Signer (Print or Type)	Title of Signer (Print or Type)			
lai	n Hill	Manager of SeQuential Biofuels LLC, as	manager of Issuer	*	

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule? X See Appendix, Column 5, for state response. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature Date SeQuential Biofuels Retail LLC 5/24/2005 SeQuential Retail Station #1, LLC

Title (Print or Type)

Manager of SeQuential Biofuels LLC, as manager of Issuer

Instruction:

Name (Print or Type)

lan Hill

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State offered in state investors in State waiver granted) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount **Investors** Amount Yes No AL ΑK AZAR CA CO CTDE DC FL $\mathsf{G}\mathsf{A}$ HI ID IL IN ΙA KS KY LA ME MD MA ΜI MNMS

APPENDIX 2 3 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State investors in State waiver granted) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes Investors No Amount **Investors** Amount Yes No MO MT NE NV NH NJ NMNY NC ND ОН OK X LLC interests -1 \$25,000.0 0 OR \$0.00 \$450,000.00 PA RI SC SD TN TX UT VT VAWA WVWI

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No

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